

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	5/7
FORMALITY REVIEW	<i>[Signature]</i>	1019	06-02-01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	626	07/25/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	10/17/01
2	10/17/01
3	10/17/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

010  
 6/20/01  
 50858  
 7/25/01